Patient-specific academic detailing for smoking cessation

Dr. Margaret Jin, BScPhm, PharmD, MSc
Academic Detailing Coordinator
Hamilton Family Health Team
Disclosure Statement

• Conflict of interest: None

• No relevant financial/nonfinancial relationships
What is a Family Health Team?

• An approach to primary health care that brings together different health care providers to co-ordinate the highest possible quality of care for the patient

• Designed to give family physicians support from other complementary professionals

• The team concept permits the focus of family medicine to shift from acute care to prevention and the management of chronic disease
When did the HFHT begin?

- The Hamilton Family Health Team (HFHT), non-profit corporation - 2006.
- Building a Comprehensive Care Team
  - Family Physicians, Psychiatrists
  - Mental Health Counselors (MHCs)
  - Nurse Practitioners (NPs), Nurses
  - Registered Dietitians (RDs)
  - Pharmacists (PHMs)
  - Physiotherapists (PTs)
  - Practice Administrators, facilitators, QI team
10 years ago…(2007)

• Pharmacists integrated into family physicians’ offices (10-12 FPs : 1 PHM)
  – What do the pharmacists do?
• Pilot Project
• Objective:
  – To describe and determine the feasibility of a smoking cessation patient-specific academic detailing (PAD) program
What is PAD?

<table>
<thead>
<tr>
<th>Conventional Academic Detailing</th>
<th>Patient-Specific Academic Detailing (PAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Detailer does not work directly with the clinician</td>
<td>Pharmacist works with the healthcare team</td>
</tr>
<tr>
<td>1-2 visits per year</td>
<td>PHM work in the office at least once weekly. Professional relationship is more readily established</td>
</tr>
<tr>
<td>Academic Detailer provides evidence-based information that is generic, not patient specific</td>
<td>Evidence provided can be patient specific or generic. Pharmacist has access to patient’s medical record.</td>
</tr>
<tr>
<td>Answer Drug Information (DI) questions</td>
<td>Answer Drug Information (DI) questions &amp; link to patient record</td>
</tr>
<tr>
<td></td>
<td>Clinicians can refer pts to PHMs</td>
</tr>
</tbody>
</table>

PAD is a new concept, has theoretical advantages, but not formally evaluated.
Main Research Question

- Is Patient-Specific Academic Detailing (PAD) by primary care pharmacists (PHMs) to clinicians feasible with respect to:

<table>
<thead>
<tr>
<th>Type of Outcome</th>
<th>Main Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>Time for the PAD coordinator to train the PHMs</td>
</tr>
<tr>
<td>Resources</td>
<td>Average time for PHMs to be trained in smoking cessation (SC) detailing (upskilling)</td>
</tr>
<tr>
<td></td>
<td>Average time for a PAD session</td>
</tr>
<tr>
<td>Process</td>
<td># and % of clinicians detailed within 3 and 6 months</td>
</tr>
<tr>
<td>Scientific</td>
<td># of new patient referrals by the clinician for SC counseling at 3 and 6 months after the PAD session</td>
</tr>
</tbody>
</table>
Methods

• Design
  – Descriptive cohort feasibility study

• Setting
  – Primary Care Setting

• Participants
  – Family Health Team pharmacists, physicians, nurse practitioners (NPs) & their patients
  – Consent from pharmacists, physicians & NPs
Intervention

• Pharmacists attended Basic AD training Workshop
• Pharmacists received education/upskilling on smoking cessation PAD
• Pharmacists provided education to clinicians using RxFiles handout and other tools
Results

• 8 pharmacists (5.8 FTE) received basic AD training and smoking cessation PAD
• 48/54 (88.9%) family physicians and 9/10 (90.0%) nurse practitioners consented
## Results & Analysis

<table>
<thead>
<tr>
<th>Main Outcomes</th>
<th>Results</th>
<th>Criteria for Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time for PAD coordinator</td>
<td>29.1 hours</td>
<td>&lt; 40 hours</td>
</tr>
<tr>
<td>Median average time for upskilling, hours (min, max)</td>
<td>3.1 hours (1.7, 6.2)</td>
<td>&lt; 20 hours</td>
</tr>
<tr>
<td>Median average time for a PAD session, minutes, (min, max)</td>
<td>Initial: 15 min (5, 60)</td>
<td>Initial: &lt; 60 min</td>
</tr>
<tr>
<td></td>
<td>Follow-up visit: 5 min</td>
<td>F/U : &lt; 30 min</td>
</tr>
<tr>
<td># (%) of clinicians detailed within 3 &amp; 6 months (mths)</td>
<td>3 mths: 50/64 (78.1%)</td>
<td>3 mths: &gt; 50%</td>
</tr>
<tr>
<td></td>
<td>6 mths: 57/64 (89.1%)</td>
<td>6 mths: &gt; 70%</td>
</tr>
<tr>
<td># new pt referrals @ 3 &amp; 6 months after the PAD session (min, max)</td>
<td>3 mths: 66 pts</td>
<td>3 mths: 5 pts/1.0 FTE PHM (29)</td>
</tr>
<tr>
<td></td>
<td>6 mths: 200 pts (0, 77)</td>
<td>6 mths: 10 pts/1.0 FTE PHM (58)</td>
</tr>
</tbody>
</table>

F/U=follow-up, max=maximum, min=minimum, mths=months, PAD=patient-specific academic detailing, pt(s)=patient(s)
Referrals

- Smoking cessation referrals 6 months PRIOR to patient-specific academic detailing
- Smoking cessation referrals 6 months AFTER patient-specific academic detailing
Strengths

• Original study
• Feasibility criteria based on Canadian Academic Detailing Programs
• High attrition rate
• Data useful for future PAD programs
Limitations

- Selection bias - one cohort
- Recall bias
- Other confounders?
- Clinical impact?
Summary

- This pilot study is feasible with respect to the management, resources, process and scientific components
9 years later…(2016)

• Medical Directives
• 839 patients referred to 9.6 FTE PHMs
Free NRTs

• 2011 – Smoking Treatment for Ontario Patients (STOP)

• 2016: 32.6% (212/651) quit smoking - 1 yr

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of patients enrolled</th>
<th>Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Percentage (%)</td>
<td>Number of patients</td>
</tr>
<tr>
<td>2014</td>
<td>566</td>
<td>33.0</td>
</tr>
<tr>
<td>2015</td>
<td>538</td>
<td>38.8</td>
</tr>
<tr>
<td>2016</td>
<td>651</td>
<td>39.5</td>
</tr>
</tbody>
</table>

NRTs=Nicotine Replacement Therapy: patches, gum, lozenges, inhaler & quickmist
Overall Summary

- Patient-Specific Academic Detailing
  - Allows the pharmacist to promote service & expertise to specific patients in practice
  - Potential for clinical impact

- Other topics completed so far…
  - Hypertension, depression, marijuana, opioids, perioperative management, direct oral anticoagulants in atrial fibrillation, insomnia

- Family Physicians are on a waiting list
Thank you!

- Margaret.jin@hamiltonfht.ca